U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

> For Official Use Only REC'D JL 18205

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E CAS DROP	
1. File Number U - 3538	2. Fiscal Year Covered From:
	1/1/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Rame Clifford P. Walker	Name American Federation of Whisicians Local 655 Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 10240 SW 121 ST	Street 5861 SW 21 Street
city miami	city Hollywood
State FL ZIP Code + 4 33176 ~ 463	State FL ZIP Code + 4 33023 - 3009
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income. Employee of

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any). Name Walker Entertainment, Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income. Employee of Talent asency, booking musicians who are union members at Nightchubs, weddings, provate parties.	
P.O. Box, Bldg., Room No., if any	Position President	
street 10240 SW 121 ST.	7.b. Amount. 3 8 4 0 0	
State FL ZIP Code + 4 3317L - 4839		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Signed

on 7/7/05

305-138-4808 Telephone Number